

# APPLICATION FOR EMPLOYMENT

VERONA POLICE DEPARTMENT

111 Lincoln Street

Verona, Wisconsin 53593

(608) 845-7623

**IMPORTANT INSTRUCTIONS:** This application must be completely filled out and clearly typed or printed in black ink. If a question does not apply to you, write "N/A" in the space provided. The Verona Police Department requests this information to complete the employment background verification. The information obtained is used exclusively for the purpose of employment consideration. Any intentional misrepresentation or falsification of information on this form will result in disqualification of your application, or, if discovered after employment, may be considered cause for dismissal.

**The City of Verona complies with the Americans with Disabilities Act and fully supports the concepts of Equal Employment Opportunity and Affirmative action. Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact the City Administrator's Office at 608-845-6495.**

Date: \_\_\_\_\_ Position Desired: Patrol Officer

Names: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Are you a United States citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Primary Phone: Home Cell Work (\_\_\_\_) \_\_\_\_\_

Secondary Phone: Home Cell Work (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Previous Name (if applicable): \_\_\_\_\_

List all nicknames and aliases by which you have been known at any time, including maiden names or other married names: \_\_\_\_\_

\_\_\_\_\_

## An Equal Opportunity Employer Residence History

List chronologically, starting with the most recent address, all of your residences during the past fifteen years. Include addresses while attending school if away from home and all military addresses. (Use additional sheets if necessary.)

Date (Month/Year)		Street Address (Apt. No.), City, State AND Zip Code	If rented, give name, address and phone of person responsible for the collection of rent
From	To		

## Employment and Work History

May we obtain references from the employers named below? Yes \_\_\_\_ No \_\_\_\_\_. If no, please name and explain the exceptions:

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Were you ever terminated from employment? Yes \_\_\_\_ No \_\_\_\_\_. Have you resigned from a job after being informed your employer intended to terminate or discipline you? Yes \_\_\_\_ No \_\_\_\_\_. If yes to either, please explain:

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On the following page, list all employers, beginning with the most recent and work back. Include all part-time employers. Account for all time periods. Make additional copies of the following page, if necessary.

Employer Name and Address (If unemployed indicate dates)	Employment Dates (Month/Year)		Position Held (PH) Reason for Leaving (RL)	Monthly Salary		Hours Per Week	Supervisor Name and Telephone	May we Contact (Y/N)
	From	To		Begin	End			
			PH:					
			RL:					
			PH:					
			RL:					
			PH:					
			RL:					
			PH:					
			RL:					
			PH:					
			RL:					
			PH:					
			RL:					

## References

Give three professional references (not relatives, former employers, fellow employees or school teachers) who are responsible adults.

Name and Address	(Area Code) Personal Phone Number	(Area Code) Work Phone Number	Best Time to Contact

Give three social acquaintances, not listed above.

Name and Address	(Area Code) Personal Phone Number	(Area Code) Work Phone Number	Best Time to Contact

List five law enforcement officers with whom you are acquainted, if any:

Name	Department	City and State	(Area Code) Phone Number

## Law Enforcement or Peace Officer Licensing

Are you currently or have you ever been certified or licensed as a law enforcement or peace officer, either on a full-time or part-time basis? Yes \_\_\_\_ No \_\_\_\_.

If yes, please provide the state of issuance:\_\_\_\_\_

If yes, please provide the following information: License No.:\_\_\_\_\_

Date originally issued: \_\_\_\_\_ Expiration Date:\_\_\_\_\_

Current status (Please attach a photocopy of your license certification):

\_\_\_\_ Valid - Active Status      \_\_\_\_ Valid - Inactive Status      \_\_\_\_ Lapsed      \_\_\_\_ Surrendered

\_\_\_\_ Suspended      \_\_\_\_ Revoked

Where did you attend basic police recruit training?\_\_\_\_\_

What were the dates of your attendance of recruit training? From:\_\_\_\_\_To:\_\_\_\_\_

Have you maintained your continuing education and/or 24 hour annual re-certification training? Yes\_\_\_\_ No \_\_\_\_.

## Other Law Enforcement Applications

Have you applied for employment with other law enforcement agencies? Yes \_\_\_\_ No \_\_\_\_.

Were you the subject of a background investigation by any law enforcement agency which considered you for employment? Yes \_\_\_\_ No \_\_\_\_.

If yes, complete the following:

Date	Agency

List all law enforcement intern or explorer programs from high school and college, if any.

Date	School	Department Involved	Advisor and Telephone Number

## Driving Record and History

Do you have a valid Driver's License? Yes \_\_\_\_ No \_\_\_\_\_. If yes, what is the date of issue: \_\_\_\_\_.

If yes, Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Do you currently hold or have you previously held a valid Driver's License from other states, other than the one listed above? Yes \_\_\_\_ No \_\_\_\_\_. If yes, list the states and time period:

\_\_\_\_\_;

In the past 10 years have you ever had a Driver's license suspended, revoked or restricted: Yes \_\_\_\_ No \_\_\_\_\_.  
If yes, please indicate the date(s) and violation(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been cited, charged and/or convicted of operating a motor vehicle, snowmobile or boat while under the influence of an intoxicant or with a legally prohibited blood alcohol concentration? Yes \_\_\_\_ No \_\_\_\_\_. If yes, please indicate the dates, county and state of occurrence:

\_\_\_\_\_  
\_\_\_\_\_

## Use of Alcohol or Drugs as an Adult

Do you currently use alcoholic beverages? Yes \_\_\_\_ No \_\_\_\_\_.  
If no, have you ever used alcoholic beverages? Yes \_\_\_\_ No \_\_\_\_\_.  
If yes to either, please describe your current and/or previous use of alcoholic beverages, including the date of last use:

\_\_\_\_\_  
\_\_\_\_\_

Do you currently use marijuana? Yes \_\_\_\_ No \_\_\_\_\_.  
If no, have you ever used marijuana? Yes \_\_\_\_ No \_\_\_\_\_.  
If yes to either, please describe your current and/or previous use of marijuana, including the date of last use:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you currently use non-prescription illegal drugs, such as opiates, heroin, cocaine, methamphetamines, and/or ecstasy? Yes \_\_\_\_ No \_\_\_\_\_. If no, have you ever used non-prescription illegal drugs, such as opiates, heroin, cocaine, methamphetamines, and/or ecstasy? Yes \_\_\_\_ No \_\_\_\_\_. If yes to either, please describe your current and/or previous use of non-prescription illegal drugs, including the date of last use:

\_\_\_\_\_

## Judicial Action

**Note: Conviction of a crime, except for a felony or domestic abuse charge, in and of itself is not an automatic bar to employment, but only in so far as it relates to fitness to perform the duties of a police patrol officer.**

Have you ever been cited or charged with ANY law violation including traffic law, other than parking tickets? If yes, complete the following:

Date (Mo/Day/Yr)	Location City and State	Charge/Violation	Issuing Police Agency	Disposition of Charges

Are you now, or have you ever been involved (as an adult) a plaintiff, defendant, petitioner or respondent, in any civil court action? Yes \_\_\_\_ No \_\_\_\_\_. If yes, please include when, where, name and location of court, circumstances, and disposition.

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As an adult, have you ever been fingerprinted? Yes \_\_\_\_ No \_\_\_\_\_. If yes, please complete the following:

Date	Agency	Reason for Fingerprinting

Have you ever been declared delinquent in child support payments ordered by the court? Yes\_\_\_\_ No\_\_\_\_. If yes, give details:

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As an adult, have you ever had any contact with a police agency? Yes\_\_\_\_ No\_\_\_\_. If yes, please list the following:

Date	Location	Circumstances	Police Agency Involved

## Job Performance

Do you know of any reason why you would not be able to perform (with reasonable accommodation) any job-related task or function as specified in the job description? Yes\_\_\_\_ No\_\_\_\_. The job description is posted on our web site at [www.ci.verona.wi.us](http://www.ci.verona.wi.us). Would you like a job description mailed for your review? Yes \_\_\_\_ No \_\_\_\_.

If there is a reason, please explain:

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Prior to final appointment, all applicants tentatively selected for employment are required to submit to the following examinations: vision, hearing, medical, psychological and drug screen by a physician and psychologist of the City's choice at City expense. Will you consent to such examinations? Yes\_\_\_\_ No\_\_\_\_. Additionally, all applicants are required to complete a physical agility test and background investigation. Are you willing to submit to each? Yes \_\_\_\_ No \_\_\_\_.

Please describe any special skills, abilities, experiences, volunteer work, hobbies, etc. which may enhance your qualifications for the position.

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## Education and Training History

The Verona Police Department requires an applicant for employment as a law enforcement officer to have, at a minimum, sixty (60) fully accredited college level credits, unless the applicant was first employed and certified as a Wisconsin law enforcement officer prior to February 1, 1993, [LES 2.01(1)(e)].

Have you been continuously employed as a Wisconsin Law Enforcement Standards Board certified officer prior to February 1, 1993: Yes\_\_\_\_ No\_\_\_\_.

Indicate level of education:                      \_\_\_\_\_ Number Credit Hours                      \_\_\_\_\_ Bachelor of Science  
    \_\_\_\_\_ Associate Degree                      \_\_\_\_\_ Master Degree  
    \_\_\_\_\_ Bachelor of Arts

Please attach copies of all diplomas, degrees and transcripts as documentation of the following education:

High School Name and Address	Date (Mo/Yr) From                      To		Diploma Granted (Mo/Yr)	Credits Earned

College or University Name and Address	Date (Mo/Yr) From                      To		Major Field of Study	Degree Granted (Mo/Yr)	Credits Earned

Miscellaneous Schools Name and Address	Date (Mo/Yr) From                      To		Major Field of Study	Degree Granted (Mo/Yr)	Credits Earned

Please list and identify any specialized training or certifications you have received that is related to the work of a Police Patrol Officer, such as radar, intoximeter, interviewing, CPR, AED, Taser (ECDs), bike patrol, etc.

Date	Training Topic	Presented by	Hours

## Military Service

Have you served in the United States Armed Forces? Yes\_\_\_\_ No\_\_\_\_ If yes, complete the following:

Name Used During Service (Last, First and Middle)	Social Security No.	Date of Birth	Place of Birth

If yes, indicate Active Duty, Past and Present

Branch of Service	Dates of Active Duty		Check One:		Service Number During this Period
	Date Entered	Date Released	Officer	Enlisted	

Reserve Duty, Past or Present - If "none" check here \_\_\_\_\_

National Guard Membership \_\_\_\_\_ Army \_\_\_\_\_ Air Force If "none" check here \_\_\_\_\_

Branch of Reserves	Dates of Membership		Check One:		Service Number During this Period
	Date Entered	Date Released	Officer	Enlisted	

Were you ever the subject of a Uniform Code of Military Justice action or any administrative military disciplinary action? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details of charges, agency concerned, dates, and dispositions.

## Statement of Interest

## Applicant Certification

I certify to the best of my knowledge this application is true and complete. I understand that if I am employed, any intentional misrepresentation made as a part of this application may be considered as cause for dismissal.

Under the provisions of section 19.36, Wisconsin Statutes, I request that my identity as an applicant for the position of Police Patrol Officer not be revealed without my consent or until required under the law.

(Applicant Signature and Date)